

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90004 041 \*\*\*158.75

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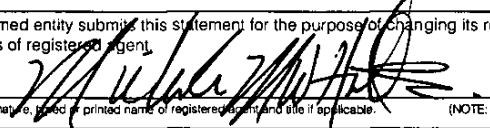
02092007 Chg-P CR2E034 (12/06)

DOCUMENT # F06000007612		
1. Entity Name STRATEGIC HEALTHCARE INITIATIVE, INC.		

Principal Place of Business 15851 DALLAS PARKWAY, #750 ADDISON, TX 75001	Mailing Address 15851 DALLAS PARKWAY, #750 ADDISON, TX 75001
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2. Principal Place of Business - No P.O. Box # 1431 GREENWAY DR.	3. Mailing Address 1431 GREENWAY DR.
Suite, Apt. #, etc. SUITE 250	Suite, Apt. #, etc. SUITE 250
City & State IRVING, TEXAS	City & State IRVING, TEXAS
Zip 75038	Country USA

6. Name and Address of Current Registered Agent  HOLLISER, MICHELE 12810 MARSH POINTE WAY PALM BEACH GARDENS, FL 33418	
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7. Name and Address of New Registered Agent Name: HOLLIGER, MICHELE Street Address (P.O. Box Number is Not Acceptable): 12810 MARSH POINTE WAY City: PALM BEACH GARDENS FL Zip Code: 33418	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 2/13/07	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP KEENAN, THOMAS 15851 DALLAS PARKWAY, #750 ADDISON, TX 75001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP KEENAN, THOMAS 1431 GREENWAY DR, STE 250 IRVING, TX 75038 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/22/07 912 812 8100 Date Daytime Phone #